

PERFORMANCE IMPROVEMENT REPORT – 1st Quarter 2014-15

SURVEY STATUS:

1. Preparing for OPH/BPCRH - LAPERT survey scheduled May 5, 2015
2. Continue TJC corrective action monitoring

NURSE PRACTITIONER DATA

MEANINGFUL USE	Target	1st Qtr. (Oct.-Nov.)	2 nd Qtr. (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
CPOE-Meds	>60%	100				
CPOE-Radiology	>30%	100				
CPOE-Labs	>30%	100				
e-Prescribe	>50%	94				
Demographics	>80%	98				
V.S.-Full	>80%	99				
B/P	>80%	99				
Ht/Wt	>80%	99				
Smoking	>80%	93				
Clinical. Summary	>50%	62				
Lab Results	>55%	85				
Ed. Resources	>10%	85				
Provide SOC	>50%	41				
Electronic Notes	>30%	100				
Imaging	>10%	0				
Family Hx	>20%	56				
OVERALL	50	86				
Diff./Qtr.						

FINDINGS:

Overall: 86%

Criteria Results: 88% (14/16) of criteria met target; 59% (10/17) exceeded 90%

Provider Results: 100% exceeded target, 29% (5/17) met all performance measures.

CONCLUSION: Achieved target Opportunity to improve Substantial deficiencies

RECOMMENDATIONS:

Address provision of summary of care and recording imaging.
Continue current process of weekly review of performance.

UDS DATA

Measurements	GOAL	13-14	1st Qtr. (Sept.-Nov.)	2 nd Qtr. (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
PRENATAL CARE							
1. % women with 1 st trimester visit	90%	No data	---				
2. % newborns with wt. < 2500Grams	5%	No data	---				
PREVENTIVE CARE							
1. % children w/approp. vaccines by 2 nd birthday	89%	52/91 65%	33/47 70%				
2. % female age 24-64 w/PAP test for cervical cancer	68%	1205/2286 53%	583/1091 53%				
3. % children age 3-17 w/ BMI & counseling *	50%	128/2976 4%	10/2052 .04%				
4. % pts. 18+ with BMI & F/U plan for obesity *	50%	1415/5873 24%	169/2791 6%				
5. % pts. 18+ assessed for tobacco use *	80%	4775/4866 98%	2199/2417 91%				
6. % pts. w/ tobacco use & tobacco counseling *	80%	954/1293 74%	313/564 55%				
7. % pts. age 51-74 w/ colorectal CA screening	20%	46/1665 3%	23/892 3%				
CHRONIC DISEASE MGMT.							
1. % pts. age 5-40 w/asthma & pharmacologic Tx. plan	82%	243/319 76%	118/182 65%				
2. % clients age 18+ w/ CAD & lipid lowering therapy	50%	2/30 7%	0/14 0%				
3. % pts 18+ w/IVD,AMI, CABG PTCA & anti-thromb. tx.	50%	0/0	0/0				
4.% clients with B/P <140/90 (CQM) *	54%	96%					
5.% diabetics ages 18-75 w/ HbA1c < 9% (CQM) *	60%	99%					
6. % clients with + HIV & appt. within 7 days	75%	No data	No data				
7.% clients with PHQ9>9 & appt. within 30 days	90%	No data	No data				

FINDINGS: (*data available for individual monitoring)

Prenatal – zero cases reported

Preventive -14% (1/7) Met goal-tobacco use, 14% (1/7) ↑, 28% (2/7) same, 42% (3/7) ↓

Chronic Disease Mgmt. – incomplete data

CONCLUSION: Achieved Target Opportunity to improve Substantial deficiencies

Recommendations: implement increased monitoring plan

MEDICAL PEER REVIEW

Measurements	Target	1 st Qtr. (Sept.-Nov.)	2 nd Qtr. (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
# Practitioners Audited		None				
# Reviews	84					
1. Pain approp. assessed	90%					
2. H&P updated in past year	90%					
3. ROS appropriate	90%					
4. PE appropriate	90%					
5. Tx. appropriate	90%					
Overall %	90%					
# Cases @ 100%	95%					

FINDINGS:

CONCLUSION: Achieved Target Opportunity to improve Substantial deficiencies

Recommendations/Planned Action:

SOCIAL WORKER PEER REVIEW

Measurements		1 st Q (Sept.-Nov.)	2 nd Q (Dec.-Feb.)	3 rd Q (Mar.-May)	4 th Q (June-Aug.)	TOTAL
# Providers		10				
# Audits		100				
1. SW Notes Complete		88% - 88/100				
2. Timely completion of Soc. Hx.		74% - 65/88				
3. Timely completion of Tx. Plan		78% -62/80				
4. Tx. Plan is complete (Pt .ed., F/U)		81% - 81/100				
5. Tx. appropriate to condition		99% - 99/100				
OVERALL	# Met	67%- 315/468				
	# Cases @ 100%	57%				

Findings:

Overall - 67%

Criteria Results - 20% (1/5) >90%, 40% (2/5) >80%, 40% (2/5)>70%

Case Results - 57 of 100 cases audited were 100% compliance

Provider Results - 50% (5/10) >90%; 40% (4/10)>80%; 10% (1/10) @50%

CONCLUSION: Achieved target Opportunity to improve Substantial deficiencies

Recommendations/Planned Action:

Address timeliness issues with Soc. Hx. And Tx. Plan; review treatment plan completeness

Review results of 5 providers <90%

Peer review required of all SWs

BEHAVIORAL HEALTH - PLAN OF CARE (POC)

Measurements	Target	1 st Qtr. (Sept.-Nov.)	2 nd Qtr (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
# Sites submitted		None				
# Cases Reviewed						
# POC Objectives -Total						
Avg. # objectives/case	5					
Range of objectives/case	3 - 7					
# Obj.- no progress	<20%					
# Obj.- progress	>40%					
# Obj. - achieved	>20%					
Total progress/achieved						
%	>60%					
# Cases No Progress						
%	0%					

Findings: N/A

BEHAVIORAL HEALTH SCREENING/REFERRAL

Measurements-(6-9 Y.O.)	1 st Qtr. (Sept.-Nov.)	2 nd Qtr (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
# RISC completed	150				
# RISC with high risk factors (6, 7, 8, 12, 21, 22, 23, 25, 26)	114 (76%)				
# Cases with follow-up	137 (91%)				
SPECIFY FOLLOW-UP					
None indicated (no high risk factors)	14				
Preventative Education	44 (32%)				
Individual Therapy	127(93%)				
Group Therapy	38 (27%)				
Pupil Appraisal	10				
Medical Referral	0				
Additional Evaluation by SW	39 (28%)				
Referral for further Evaluation:	9 (7%)				
Agency Clinician/NP	5 (4%)				
Outside Referral	5 (4%)				
# Cases with multiple referrals	15				
TOTAL	342				

FINDINGS:

150 Evaluations completed by 7 providers across 9 sites
 76% w/ high risk factors identified, 100% w/ follow-up (17 without high risk factors)
 Rank order of interventions – 93%/IT, 32%/preventive education, 28%/ further eval./SW, 27%/GT
 7% Further Eval. – 4% referred to Agency Clinician/NP, 4% outside referral
 Distribution of RISC per SW – 31/JSP, 28/MF, 23/BL, 22/BH, 20/SA, 13/LS & GLE

Recommendations/Planned Action: None

Measurements (10-11 Y.O.)	1 st Qtr. (Sept.-Nov.)	2 nd Qtr (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
# RISC completed	18				
# RISC with high risk factors (4 ,7, 12, 17, 19, 20 ,32, 33, 34)	18				
# Cases with follow-up	16-89%				
SPECIFY FOLLOW-UP					
None indicated (no high risk factors)	1				
Preventative Education	7-39%				
Individual Therapy	18-100%				
Group Therapy	0				
Pupil Appraisal	1				
Medical Referral	0				
Additional Evaluation by SW	2				
Referral for further Evaluation:	1				
Agency Clinician/NP	0				
Outside Referral	1				
# Cases with multiple referrals	0				
TOTAL	30				

FINDINGS:

18 evaluations by 4 providers across 6 schools

89% w/ high risk factors, 100% with follow-up .Rank order of intervention – IT (100%), Preventive Ed.(39%)

6% Further Eval. – outside referral

Distribution of RISC per SW - 6/JSP, 5/BL & LS, 2/SA

RECOMENDATIONS: None

Measurements - (MS/HS)	1 st Qtr. (Sept.-Nov.)	2 nd Qtr (Dec.-Feb.)	3 rd Qtr. (Mar.-May)	4 th Qtr. (June-Aug.)	YEAR-END (Total)
# RAAPS completed	35				
# RAAPS with high risk factors (1-3, 6, 7, 9-13, 14-16, 17, 18, 19, 21)	33-94%				
# Cases with follow-up	33-94%				
SPECIFY FOLLOW-UP					
None indicated (no high risk factors)	2				
Preventative Education	9				
Individual Therapy	32-91%				
Group Therapy	2				
Pupil Appraisal	0				
Medical Referral	0				
Additional Evaluation by SW	17-49%				
Referral for further Evaluation:	4-11%				
Agency Clinician/NP	4				
Outside Referral	0				
# Cases with multiple referrals	0				
TOTAL	66				

FINDINGS: 38 screens completed by 6 providers across 8 schools.

95% w/ high risk factors; 100% of these cases with F/U.

Rank order of interventions: 97%-IT, 46%-Additional Eval/SW; 11% referral to clinician/NP

Recommendations/Planned Action: None

CONSUMER SATISFACTION

Primary Care	MONTH	Sept.	Oct.	Nov.	TOTAL
	# Surveys	No Data	31	78	109
	Come back and see the provider		31	78	109
	Tell family/friends to see provider		31	78	109
	1. Able to get an appointment when needed.		28/28	77/77	105/105
	2. Receptionist was courteous and professional		31/31	76/76	107/107
	3. Received billing, rights & responsibility info.		30/30	71/75 95%	101/105 96%
	4. M.A./Nurse was courteous and professional		31/31	78/78	109/109
	5. Seen within 15 minutes of the appt. time.		26/26	67/71 94%	93/97 96%
	6. Provider cleaned their hands before care		30/30	73/74 99%	103/104 99%
	7. Provider asked name and DOB		31/32 97%	75/77 97%	106/109 97%
	8. Listened to & received answers to questions.		30/30	75/76 99%	105/106 99%
	9. Explained action in understandable words		31/31	75/76 99%	106/107 99%
	10. Told about vital signs, meds and lab work		29/30 97%	73/74 99%	102/104 98%
	11. Received guidance on lifestyle/habits.		25/27 93%	67/70 96%	91/97 94%
	12. Understand how to take care of family's illness.		27/27	70/71 99%	97/98 99%
	13. All needs considered (med., BH, dental, dietary)		29/30 97%	70/70	99/100 99%
	14. Satisfied with pain treatment, if applicable.		26/27 96%	65/65	91/92 99%
	15. Friendly, respectful, sensitive & courteous.		31/31	77/77	108/108
	16. Staff spent enough time with me		30/30	77/77	107/107
	17. Saw the provider that I wanted.		30/30	75/76 99%	105/106 99%
	18. Visit met expectations/ goal for visit.		30/30	75/76 99%	105/106 99%
	19. Felt that the care provided at the clinic is safe.		31/31	77/77	108/108
	20. Felt comfortable reporting concerns about care		31/31	73/76 96%	104/107 97%
	OVERALL- #		588/594	1461/1483	2049/2077
	%		99%	99%	99%

Findings:

109 surveys on correct form; refer to monthly data sheet for individual practitioner results
 Overall - 99%; 30% (6/20) @ 100%, 65% (13/20) > 95%, 5% (1/20) @ 94%

RECOMMENDATIONS:

1. Complete correct form, all NP monthly
2. Reminder to maintain eye contact with patient during interview and data entry in EMR

1st Quarter PI Report – 14/15

BEHAVIORAL HEALTH	1 st Q	2 nd Q	3 rd Q	4 th Q	Total
# PROVIDERS	4				
# SURVEYS	39				
Would come back and see the provider	39				
Would recommend this provider to other	38/39-97				
1. The receptionist was courteous and professional.	39				
2. Seen within 15 minutes of my appointment time.	39				
3. Staff spent enough time with me	39				
4. I feel the care provided at the clinic is safe	38/39-97				
5. I feel comfortable reporting concerns about care	39				
6. Provider explained in understandable terms	38/39-97				
7. Provider was friendly, respectful, sensitive	39				
8. Before providing care, I was asked my name/DOB	35/37-95				
9. Services were private/confidential manner	39				
10. Received instructions on how to care for self	39				
OVERALL	384/388 99%				

FINDINGS: Overall – 99%

Criteria -70% (7/10) @ 100%, 30% (3/10) 95%+; OTI pt. ID x 1 provider

Providers-100%/2, 99%/1, 98%/1

Recommendations: Review pt. ID process with practitioner.

DIETICIAN	1 st Q	2 nd Q	3 rd Q	4 th Q	TOTAL
# Surveys completed	8				
Would come back and see the provider	8				
Would tell your family/friends to see the provider	8				
1. Can reach the clinic by phone.	8				
2. Appointment was scheduled in a timely manner.	8				
3. Services offered at convenient times	8				
4. Receptionist was courteous and professional.	8				
5. Seen within 15 minutes of my appointment time.	8				
6. Provider friendly, respectful, sensitive, courteous	8				
7. Provider prepared, organize, knowledgeable of dx.	8				
8. The materials/handouts were helpful to my situation.	8				
9. Provider explained info. in understandable manner.	8				
10. Provider spent enough time with me.	8				
11. Now understand care of dietary needs.	8				
12. Care provided at the clinic is safe.	8				
13. Comfortable reporting concerns about the care.	8				
14. Care is followed well from visit to visit.	8				
15. Would recommend the program to someone else.	8				
OVERALL	120/120 100%				

FINDINGS: Overall 100%

Recommendations: Increase # surveys/qtr.

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STUDENT EVAL. OF SERVICES/NP	1 ST Q	2 nd Q	3 rd Q	4thQ	TOTAL
# NP PROVIDERS	2				
# Surveys	52				
1. Greeted & made to feel welcome	50/52-96%				
2. Clinic hours make it easy for you to attend	51/52-98%				
3. Waited less than 15 minutes to be seen	43/50- 86%				
4. Treated with dignity and respect by staff	48/50-96%				
5. Services were private and confidential	48/52-92%				
6. Asked your name and date of birth before tx.	49/52-94%				
7. Provider cleaned his/her hands	41/50- 82%				
8. Provider listened & answered questions.					
9. Provider explained in understandable terms	44/52- 85%				
10. Received instructions on self-care	46/50-92%				
11. Satisfied with pain treatment	46/52-92%				
12. Safe care is provided in the clinic.	52/52-100%				
13. Feel comfortable returning to the clinic	50/52-96%				
14. Feel comfortable reporting concerns about care	49/52-94%				
15. Would recommend this clinic to other students.	47/51-92%				
OVERALL	664/719-92%				

FINDINGS:

Overall: 92% Range: 82-100%

Criteria: 79% (11/14)>90%; 21% (3/14)>80%-Wait time-86%, understandable terms-85%,
cleaned hands-82%

Practitioner: AH@96%, SP@88%

CONCLUSION: Achieved target Opportunity to improve Substantial deficiencies

Recommendations/Planned Action:

1. Use the correct form
2. Review wait time at CMHC
3. Re-enforce hand washing

PRIORITY PROCESSES/PDCA:

#1 – **Payer Data** (12-13) - Delay of payment due to inaccurate/incomplete information entered in WinMed Pro resulting in uncollected fees, decreased cash flow.

Current Status: Problem improving – aging data decreasing. Continue monitoring and training

#4 – **Data Integrity** (13-14) - Meaningful Use and Clinical Quality Measures continue to be questionable with low percentages – currently tobacco intervention, patient education.

Current Status: Data for Stage 2 Meaningful Use shows improvement. Continue monitoring

#5 – **Integration of Services** (13-14) – Expanded services require communication of care among providers; availability of behavioral health care services requires integration with primary care. Two areas of focus:

A. Communication of care among providers (PC, BH, RD, Dental, diabetes):

Current Status:

1. Referral process established for RD; monitor effectiveness, expand for other services
2. Data currently being collected to review diabetic care

B. Behavioral Health – Granted awarded to expand services

Screening/follow-up process/PHQ-2 and PHQ-9

Training curriculum – tools, SAMHSA Care Mgmt., SBIRT Model of Care

Initiate at WBR and integrate across all sites

Current status:

1. Review of screening tool presented at Provider mtg.
2. Need to establish data retrieval process